

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: 1-29-03

RM-10635
Ocala Broadcasting, LLC
3502 N.E. 20th PLACE
Ocala, FL 32670

2. Article Number (Copy from service label)
0023 0771 1859

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X

- ☐ Agent
☐ Addressee
☐ Yes
☐ No

D. Is delivery address different from item 1?
 If YES, enter delivery address below:

Returned

3. Service Type

- ☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

Domestic Return Receipt

102595-00-M-0952

DOCKET NO. RM-10635

RECEIVED & INSPECTED
 FEB 4 2003
 FCC - MAILROOM

**CERTIFIED
 MAIL**

ORDER DATED
1-29-03
 DA 03-265
 FCC
 MIMEOGRAPH NO.

RETURN RECEIPT REQUESTED

NAME: Ocala Broadcasting, L.L.C. R. R. NO.
3502 N.E. 20th PLACE
Ocala, FL 32670

BY

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

.....

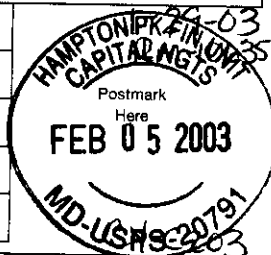
Postage \$.40

Certified Fee 2.30

Return Receipt Fee (Endorsement Required) 1.75

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 4.45



Name (Please Print Clearly) (to be completed by mailer)

Ocala Broadcasting, L.L.C.

Street, Apt. No., or PO Box No.

3502 N.E. 20th PLACE

City, State, ZIP+4

Ocala, FL 32670

PS Form 3800, July 1999

See Reverse for Instructions

7000 0600 0023 0771 1859